



Boston Public Health Commission

Employment Application

Human Resources, 1010 Mass. Ave. 6th fl, Boston MA 02118

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please note: residency within the city of Boston is required for all positions.

Proof of residency will be required upon hire.

Position Applied For _____ Req# _____ Today's Date _____

Last Name _____ First Name _____ Middle Initial _____

Present Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Telephone Number _____ Social Security Number _____ - _____ - _____

Circle Yes or No or write in the answer for the following questions:

Are you legally able to work in the US?	Yes No	Are you currently employed?	Yes No
Permanent Resident of US?	Yes No	May we contact your current employer?	Yes No
Veteran of US Armed Forces?	Yes No	If not a Boston resident, are you able to move?	Yes No
Have you been employed by the Commission before?	Yes No	Date you would be available for work?	
If yes, dates and title _____		Hours available for work: (Check one:)	
Do you have relatives employed at the Commission?	Yes No	Full-time? _____	
If yes, name of relative _____		Part-time? _____ How many per week _____	
Indicate which foreign languages you speak or write and the degree of fluency		How did you hear about this position?	

Education

	Name and address of school	Course of Study	Years Completed	Diploma Received
High School				
Undergraduate College				
Graduate College				
Technical School/Other				

Employment Experience

Starting with your present position, please supply employment information back 10 years. Include all periods of unemployment. You may also include any verified work performed on a volunteer basis as part of your work history.

Employer	Dates Employed	Work Performed
Address	From To	
Job Title Tel. number		
Supervisor Name	Hourly Salary/Rate	
Reason for leaving	Starting Final	
Employer	Dates Employed	Work Performed
Address	From To	
Job Title Tel. number		
Supervisor Name	Hourly Salary/Rate	
Reason for leaving	Starting Final	
Employer	Dates Employed	Work Performed
Address	From To	
Job Title Tel. number		
Supervisor Name	Hourly Salary/Rate	
Reason for leaving	Starting Final	
Employer	Dates Employed	Work Performed
Address	From To	
Job Title Tel. number		
Supervisor Name	Hourly Salary/Rate	
Reason for leaving	Starting Final	

Please use additional sheets of paper if needed

May we contact the above employers? Yes_____ No_____ Why?_____

Did you serve in the U.S. Armed Forces? Yes_____ No_____ If Yes, what branch?_____

Did you receive an Honorable Discharge? Yes_____ No _____

Describe any additional training, skills and volunteer or extra-curricular activities that are relevant to your application.

Specialized Skills

Check skill and indicate level of proficiency. Please write in any relevant information.

B = Basic skill: has limited experience; may need supervision or assistance.

I = Intermediate skill: 1-2 years experience, with computers: able to work with little supervision.

A = Advanced skill: able to perform complex actions within skill set; completes work with relatively no oversight in timely manner.

Skill	Level	Skill	Level	Skill	Level
Switchboard		MS Excel		FoxPro	
Typewriter		WordPerfect		Copiers	
Fax		Lotus 1 2 3		Novell	
Windows 3.x / 95/ 98		PageMaker		SDK	
MS Word		MS Access		Other: <i>specify</i>	

I certify that answers given in this application are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment, as may be necessary. I understand that any employment is conditional on a background check. I authorize the BPHC to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the BPHC, without giving me prior notice of such disclosure. In addition, I release the BPHC, any former employer and all references provided by me, from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

I understand that any substantive misrepresentations or omissions in this application will be grounds for discharge upon discovery.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or CBA, any employment relationship with the BPHC is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized representative of the organization.

I acknowledge that this application and other personnel forms do not constitute a contract.

I understand that all offers of employment are conditioned on the results of a medical examination conducted solely for the purpose of determining whether, with or without reasonable accommodations, I am capable of performing the essential functions of the job.

Signature of Applicant

Date